

VOLUNTEER FORM

Project	MangroveWatch Townsville	Participation Date/s	
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CONTACT DETAILS

First name		Family name		Gender	M <input type="checkbox"/> F <input type="checkbox"/>
Postal Address	Home <input type="checkbox"/> Work <input type="checkbox"/>		Suburb/Town		
State		Postcode		Mobile	
Email Address				Date of Birth	

HEALTH INFORMATION (to assist us to assist you during events and in case of emergency)

- Please tick any that apply to you and explain where possible:

Do you have any issues concerning physical fitness? <input type="checkbox"/> No <input type="checkbox"/> Yes Please explain:
<input type="checkbox"/> Epilepsy /seizures <input type="checkbox"/> Heart condition <input type="checkbox"/> High blood pressure <input type="checkbox"/> Diabetes/Hypoglycaemia
<input type="checkbox"/> Psychiatric condition <input type="checkbox"/> Require walking aid(s)
<input type="checkbox"/> Asthma: How severe? _____ How is it managed? _____
<input type="checkbox"/> Other (please name): _____
If you ticked any of the above, please let us know if these conditions create any restrictions to physical activity or day-to-day concerns:
Are you taking any prescription/non-prescription medications that you would like us to be aware of?
<input type="checkbox"/> Yes, please list: _____
Do you have any allergies? Please list along with the reaction associated:

DIETARY:

Any special dietary requirements for catering purposes: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____

WATER EXPERIENCE (For Boating Activities Only)

Can you swim? <input type="checkbox"/> Yes <input type="checkbox"/> Yes, with difficulty <input type="checkbox"/> Not at all	Are you comfortable on boats? <input type="checkbox"/> Yes <input type="checkbox"/> No
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EMERGENCY DETAILS

EMERGENCY CONTACT 1

First Name		Surname		Relationship to You	
Mobile phone number			Alternate Contact Number		

EMERGENCY CONTACT 2

First Name		Surname		Relationship to You	
Mobile phone number			Alternate Contact Number		

PRIVACY STATEMENT AND AUTHORITY

At Earthwatch, we value your privacy. We are bound by the *Privacy Act 1988 (Cth)* when we collect and handle your personal information. This Privacy Statement & Authority covers information we collect from you including Personal and Emergency Contact information and any other information we may collect from you in the course of our relationship with you. We limit the use and disclosure of any personal information provided to the specific purpose for which it was obtained. This includes all information pertaining to emergency contacts.

By signing this form you authorise Earthwatch to collect, use and disclose your personal information for the purpose of organising your time on the designated project. You also give express authority for Earthwatch to, where applicable, collect, use and disclose your personal information that amounts to sensitive information (i.e. Health Information) under the Act, as required to provide and manage the relevant product or service.

I understand and agree to the above (please tick & sign) YES NO

Volunteer Signature		Date	
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Other Useful Information

Do you have a boat license or access to a boat to assist with boat-based surveys?

Are there any particular estuaries you are interested in surveying in the region?

Are there any particular saltmarsh areas you are interested in surveying in the region?

Are you involved in an organisation or community group you think could help the project? Please describe below:

Is there anything else you'd like to tell us?

Permission to release your image: Signing here gives consent to Earthwatch to use any photograph/video which may be taken of you during the project in Earthwatch literature, or release those photographs/footage to members of the press or other media interested in reporting on the project.

I understand and agree to the above (please tick & sign)

YES

NO

Volunteer Signature		Date	
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